

# CANNABINOID CHRONICLES



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## Medical Cannabis News and Information

### Canada - Harper Extends PPS Contract

The federal government has quietly extended the contract with the government's official medical cannabis grower Prairie Plant Systems (PPS) until the end of September. The original 5 year, \$5.7 million contract expired June 30, after a six-month extension was previously granted. The feds are now putting out a request for proposals for a new 5-year deal.

In a recent report, the Canadian AIDS Society (CAS) slammed Ottawa's cannabis monopoly and urged the government to allow designated producers to grow for multiple people. Currently, the report noted, sick Canadians can either buy their medicine from Health Canada (HC), order seeds from HC to grow their own or assign a designated grower to grow it for them under the rules of the Medical Marihuana Access Regulations (MMAR). However, the one patient-one designated grower rule remains.

The report proposes that Ottawa authorize compassion clubs/societies to distribute medicinal cannabis, something that has been pushed and promoted for many years by clubs and patients alike. "Eventually, Canada has to develop an adequate model for the distribution of legal, safe and affordable medical cannabis to ensure that seriously ill Canadians do not continue to rely on the black market."

Meanwhile, two lawyers are poised to challenge the government's medical cannabis program on constitutional grounds.

In B.C., lawyer John Conroy is acting for people accused of growing cannabis for about 70 compassion club members - a breach of the one-grower-one-patient rule.

"We're saying that the entire scheme (MMAR) is still defective," says Conroy. "It doesn't meet the requirements of (properly meeting the needs of the sick)."

He agrees with the CAS that compassion clubs should be recognized as legal dispensers of medical cannabis. The trial is scheduled for the fall and if Conroy can't resolve the issue with the Crown, he expects to file a constitutional challenge of Ottawa's entire medical cannabis program.

In Ontario, lawyer Alan Young is facing a similar battle against the feds. A couple near Ottawa is willing to grow medical cannabis for about 40 authorized users, but the government says the couple can only produce for one patient.

Young is taking the case to federal court, arguing that the 1961 UN Single Convention on Narcotic Drugs doesn't require state ownership of medical cannabis.

Source: Edmonton Sun, July 2, 2006.  
[www.mapinc.org/drugnews/v06/n877/a03.html](http://www.mapinc.org/drugnews/v06/n877/a03.html)

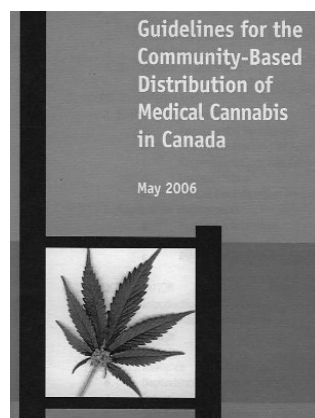
**VICS Annual General Meeting**  
Sunday July 16, 1 to 3 pm

### Canadian AIDS Society Slams MMAR

The federal government's medical cannabis program (Medical Marihuana Access Regulations) does not work, the Canadian AIDS Society (CAS) said in a report released June 14. The group's report suggests few users of medical cannabis obtain the drug through official channels.

"Over 85% of the people we consulted who used cannabis are currently relying on illegal sources for their supply of cannabis," said Lynne Bell-Isle, who worked on the 18-month project for the society.

The 18-month project report is entitled Cannabis As Therapy For People Living With HIV/AIDS: Our Right, Our Choice. The report is divided in two parts: the first part, Our Right, outlines the political barriers that revolve around the medical use of marijuana. Barriers include lack of awareness of the existing government program for access to medical marijuana, the mistrust of the government, and the medical establishment's unwillingness to support the benefits of marijuana for people with HIV/AIDS.



The barriers provide an incentive to turn to the black market, the report said.

The other part, Our Choice, proposes allowing authorized medical cannabis users to expand their options when choosing the type of cannabis they want to be treated with, and where they can access it such as compassion societies.

Today, those needing cannabis can legally get it only from very limited sources. "Only 1.7% of respondents we spoke to obtained their cannabis

from the government." This is attributable to lower potency, ground-up form and only one strain choice.

The government has expressed its intention to phase out those with licenses to produce, which in turn will put users in a position where they may have to break the law for the sake of their health. The report notes 58,000 Canadians live with HIV/AIDS. Between 14% and 37% of them use cannabis to help alleviate symptoms of appetite loss, wasting, nausea and vomiting, pain, anxiety, depression and stress. They either smoke it for rapid relief or, if they need a longer lasting effect, eat it.

CAS is calling on Canada's auditor general to investigate the program that has invested nearly \$6 million of taxpayer funds to grow cannabis that is almost completely shunned by patients.

Source: CBC (Canada Web), June 14, 2006.  
[www.mapinc.org/drugnews/v06/n776/a03.html](http://www.mapinc.org/drugnews/v06/n776/a03.html)

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### Science: THC reduces pain due to fibromyalgia in pilot study

The effect of oral THC was investigated in nine patients with fibromyalgia in a study at the Department of Anaesthesiology and Intensive Care Medicine of the University Hospital in Mannheim. Fibromyalgia is a chronic pain syndrome of unknown origin. In the four participants who completed the three-month study pain was reduced by 67% on average. All four experienced a pain reduction by more than 50%. All pain medication was stopped 3 weeks prior to the investigation. In the study, patients received a daily oral dose of 2.5–15 mg THC. Starting with 2.5 mg the dosage was increased weekly by 2.5 mg THC, as long as no severe side effects were reported. Once a week, 24 hours after the last THC medication and a day before any dose increase, an electrical induced pain was caused. Moreover, the pain intensity was daily recorded by means of a numeric pain scale with the endpoints 0 (no pain) and 10 (maximum pain imaginable).

Five of the nine participants terminated the study before reaching the maximum dose of 15 mg due to severe side effects, primarily sedation, dizziness, fatigue or continuous tiredness. The experimentally induced pain was significantly reduced by THC in a dose of 10 and 15 mg. Daily recorded pain intensity was reduced from 8.1 on average at the beginning of the study to 2.8 after three months.

Source: Schley M, Legler A, Skopp G, Schmelz M, Konrad C, Rukwied R. Delta-9-THC based monotherapy in fibromyalgia patients on experimentally induced pain, axon reflex flare, and pain relief. *Curr Med Res Opin* 2006;22(7):1269-1276

### Science: Cannabidiol inhibits tumour growth in leukaemia and breast cancer in animal studies

Italian researchers investigated the anti-tumour effects of five natural cannabinoids of the cannabis plant (cannabidiol, cannabigerol, cannabichromene, cannabidiol-acid and THC-acid) in breast cancer. Cannabidiol (CBD) was the most potent cannabinoid in inhibiting the growth of human breast cancer cells that had been injected under the skin of mice. CBD also reduced lung metastases deriving from human breast cancer cells that had been injected into the paws of the animals.

Researchers found that the anti-tumour effects of CBD were caused by induction of apoptosis (programmed cell death). They concluded that their data "support the further testing of cannabidiol and cannabidiol-rich extracts for the potential treatment of cancer." These observations are supported by investigations of US scientists who found out that exposure of leukaemia cells to CBD led to a reduction in cell viability and induction of apoptosis. In living animals CBD caused a reduction in number of leukaemia cells. The scientists noted that CBD "may be a novel and highly selective treatment for leukemia."

Sources: Ligresti A, et al. Anti-tumor activity of plant cannabinoids with emphasis on the effect of cannabidiol on human breast carcinoma. *J Pharmacol Exp Ther*. 2006 May 25; McKallip RJ, et al. Cannabidiol-induced apoptosis in human leukemia cells: A novel role of cannabidiol in the regulation of p22phox and Nox4 expression. *Mol Pharmacol*. 2006 Jun 5

### Science: High blood pressure

According to an article by the Jerusalem Post the group of Dr. Raphael Mechoulam, a professor at Hebrew University, created a synthetic version of the phytocannabinoid cannabigerol, which reduces blood pressure in animal experiments with rats. It causes relaxation of the blood vessels and possesses anti-inflammatory properties. Yehoshua Maor, a student who works under the supervision of Prof. Mechoulam, was one of the winners of this year's Kaye Innovation Awards, presented on 13 June at the university for his work on the cardiovascular activity of cannabinoids.

Sources: Jerusalem Post of 13 June 2006, eMaxHealth.com of 19 June 2006

### US: Presbyterian Church

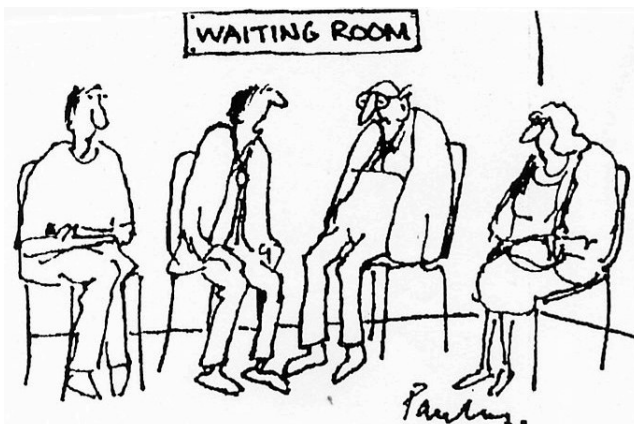
On 21 June the General Assembly of the Presbyterian Church of the US supported legal access to medical cannabis for seriously ill patients. By consensus, the denomination passed a resolution "urging Federal legislation that allows for its use and that provides for the production and distribution of the plant for those purposes."

Source: Religion News Service of 22 June 2006

### Science: Water-soluble cannabinoids

Scientists of the Virginia Commonwealth University in the US synthesized new cannabinoids that are soluble in water and therefore may be injected.

Source: Martin BR, et al. *J Pharmacol Exp Ther*. 2006 Jun 6



Excuse me - do you happen to have a bong on you?

### UK Multiple Sclerosis Study

A UK study is setting up to discover whether cannabis derivatives could play a role in slowing the progression of multiple sclerosis (MS), a chronic disease of the nervous system suffered by around 85,000 people in Britain and about 2.5 million world-wide.

The UKP2million three-year trial, led by Professor John Zajicek, is being carried out in Britain with the help of 500 volunteers, nearly 20 of whom have already been recruited. Evidence suggests cannabis extracts may play a role in relieving the symptoms of MS. Previous trials led by Prof Zajicek, of Peninsula Medical School and Derriford Hospital in Plymouth, Devon, also found evidence to suggest one substance found of cannabis, THC, might slow the development of the disease.

Zajicek said, "If this study demonstrates cannabinoids do have a longer term effect on the progression of disability, there are potentially far-reaching implications, not only for people with MS, but also for those with other neurodegenerative conditions. If cannabinoids really can protect nerve cells, it might be possible to think about other conditions like Parkinson's disease, Alzheimer's disease and motor neuron disease, and other degenerative conditions which result from the loss of cells."

Source: Manchester Evening News, June 30, 2006, [www.mapinc.org/drugnews/v06/n875/a05.html](http://www.mapinc.org/drugnews/v06/n875/a05.html)

### Medical Cannabis Guidelines Online Soon

Coming by the end of July to the Vancouver Island Compassion Society (VICS) website ([www.thevics.com](http://www.thevics.com)), and elsewhere, are **Guidelines for the Community-Based Distribution of Medical Cannabis in Canada**. Written by Rielle Cappler of the British Columbia Compassion Club Society and Philippe Lucas of the VICS, the document outlines the basic standards and requirements to establish and operate a community-based, medical cannabis distribution centre, also called a compassion club or society.

## What Is The UN Saying With Drug Report?

The United Nations (UN) has been getting a bad rap lately but the release of their annual World Drug Report (June 26, 2006) will not help them gain credibility, or give much credence to other drug information coming out of the UN.

Taking a page out of the US Drug Enforcement Agency notebook, the UN claims that today's more potent cannabis puts it in the same league as cocaine or heroin. Perhaps this is not totally surprising given that the UN has been repeatedly bullied by the US into promoting a prohibitionist ideology toward all recreational drugs.

"Today, the harmful characteristics of cannabis are no longer that different from those of other plant-based drugs such as cocaine and heroin," Antonio Maria Costa, director of the UN's Office on Drugs and Crimes, said in a written statement. (!!)

But, cannabis can't kill you with an overdose and doesn't provoke physical addiction, and the price is generally so low that few users resort to crime to feed their habits. That's all admitted, grudgingly, in the study from Mr. Costa's office.

While the message may appear to be that we need to more diligent in prosecuting the war on drugs, the report actually confirms that the war on drugs has been a dismal failure, that it has failed to decrease cannabis use and it has placed users in greater danger. According to the report, roughly 4% of the world's adult population use cannabis annually and the numbers have risen by 10% since the late 90's. It also claims that cannabis strength has increased and that, according to medical evidence, there has been an increase of "acute health episodes" related to cannabis use. Consequently, the report suggests that many countries have been mistaken in making cannabis a low priority for enforcement.

Smoking cannabis isn't always healthful for you, but the UN can't show that it's worse than smoking tobacco. The UN notes that amid all the evidence, only a single study shows a link between smoking marijuana and getting cancer. Along the way, another inconsistency: The UN says that cannabis smokers "who smoked an average of only a few joints per day showed the same degree of airway injury as that detected in tobacco smokers who smoked 20

to 30 cigarettes per day." Here, "only a few joints per day" is considered damaging; a few pages before, five joints per week are defined as heavy use.

So can we blame the increase in use on a laissez-faire attitude toward cannabis in Canada which, according to a Vancouver city council report, saw the cannabis offence rate rise by nearly 80% between 1992 and 2002? Or in the US, whose tough anti-drug measures need no further comment.

We can blame the rise in cannabis potency directly on the war on drugs. As the 2002 Senate report, which was ignored by both the current Harper government and the former Liberal one, explained, growers produce the strongest cannabis possible because it's easier to trade. As more draconian laws were passed and enforcement was stepped up, it became more profitable to transport smaller quantities of potent drugs than large amounts of mild ones. The report even admits that "cannabis breeders in North America and Europe have been working to create more potent cannabis," but it seems unaware that this is a direct result of the criminalization of the drug.

Criticism of the report has been scathing in some circles. Canadian Senator Larry Campbell wrote "UNODC Executive Director, Antonio Maria Costa claims that the world is experiencing a devastating "cannabis pandemic." This gentleman is the same person who said we were putting "cannabis oil" on pasta. It was pointed out that it was hemp oil which is not a sativa product. He didn't know the difference and appeared not to care. Simply another high paid UN stooge. Isn't it amazing that the US only supports the UN when they toe the US "drug war" line."

Since cannabis use and potency have both increased during the all-out war on drugs, it's abundantly clear, regardless of what the UN says, that the war has been a failure. Indeed, the only way to control the purity of the product - and thereby protect the health of the user - is through the regulation of the growth and sale of cannabis.

The full report is at:

[http://www.unodc.org/unodc/en/world\\_drug\\_report.html](http://www.unodc.org/unodc/en/world_drug_report.html)

Source: Vancouver Sun, June 28, 2006,  
[www.mapinc.org/drugnews/v06/n840/a07.html](http://www.mapinc.org/drugnews/v06/n840/a07.html)

## Oregon Considering Taxing The Sick

Back in 1998, Oregonians approved the state's medical cannabis bill by a healthy 100,000-vote margin, giving those who would benefit from the drug the right to obtain a physician's prescription for it. While the law has problems, it did not, as the Governor's Council on Alcohol and Drug Abuse seems to believe, create a new class of "sinners" ripe for being taxed to fund social programs.

However, even though the statute says quite clearly that cannabis must be "treated like other medicines," the council is recommending to increase the fee for a medical cannabis license by 50% and then use the extra money collected to beef up the state's drug abuse prevention, treatment and recovery programs. That money would be pooled with money raised by increasing taxes on beer, wine and hard liquor. The latter three plus the tax on cigarettes are the traditional "sin" taxes that voters tend to approve because those using the substances in question are somehow morally weak.

By implication, ill persons who have a prescription from a registered physician to use cannabis for medicinal purposes are 'sinners'. But seemingly, all the other ill people using all the other medications out there aren't 'sinners'? How heartless can you get?

Got questions about growing? Our resident guru Mat has made available an e-mail address where you can direct queries -

[askmatb@hotmail.com](mailto:askmatb@hotmail.com)

And why stop there? Birth control pill users could be taxed to pay for anti-teen pregnancy campaigns on the theory that sex outside of marriage is a sin. Users of such anti-depressants as Prozac could be taxed to fund mental health services because, after all, some mental health problems are the result of some personal weakness.

Source: The Bulletin (OR), June 23, 2006,  
[www.mapinc.org/drugnews/v06/n827/a09.html](http://www.mapinc.org/drugnews/v06/n827/a09.html)

## DEFINITIONS

**chronic** *a.* lingering, lasting, (of disease, ACUTE); (of invalid) with chronic complaint; constant (chronic doubt, rebellion); (colloquial) bad, intense, severe; hence **chronICALLY** *adv.*, **chronICITY** *n.* [ from French *chronique* from Latin *chronicus* from Greek *khronikos* (khronos time) ] (The Concise Oxford Dictionary, 7th ed., 1983)

**fiend** *n.* the Devil; evil spirit, demon; person of superhuman wickedness, esp. cruelty; person causing mischief or annoyance; devotee or addict (*fresh-air fiend, dope fiend, camera fiend*); hence **fiendISH**, **fiendLIKE** *adjs.* [ OE *feond*, = Old Saxon *fiond*, Old High German *fiant*, Old Norse *fjandi*, Gothic *fijands* present participle of Germanic *fijejan* hate ] [see also *Skerik*] (*ibid.*)

**palpable** *a.* that can be touched or felt; readily perceived by senses or mind; hence **palpABILITY** *n.*, **palpABLY** *adv.* [ Middle English, from Late Latin *palpabilis* ] (*ibid.*)

## US House of Representatives Amendment

In the coming months, the US House of Representatives will vote on an amendment that would end the federal government's attacks on patients in states with medical cannabis laws.

The Hinchey-Rohrabacher medical cannabis amendment of 2005 said: "None of the funds made available in this Act to the Department of Justice may be used to prevent the States of Alaska, California, Colorado, Hawaii, Maine, Montana, Nevada, Oregon, Vermont, or Washington from implementing State laws authorizing the use of medical cannabis in those States." It is expected that the language of the amendment in 2006 will be the same - with the addition of Rhode Island.

Polls show that some three out of four Americans support allowing doctors to prescribe medical cannabis for patients who need it. Members must know that constituents within their districts use cannabis to control pain and nausea - their families would like to live without the fear of prosecution. As Time magazine reported last year, research shows that the drug has salutary "analgesic and anti-inflammatory effects."

Republicans should be drawn to the states' rights angle of the bill, while Democrats should go for the personal stories of constituents who have found relief, thanks to medical cannabis.

Yet when the House last voted on the measure in 2005, it did not pass in a 162-294 vote (145 votes in favour came from Democrats). As the House is scheduled to consider the measure this week, few expect the measure to pass.

"I wish I could tell you it's going to pass," Cannabis Policy Project spokesman Bruce Mirken conceded by phone last week. "I can't realistically expect that."

Alex Holstein, a former GOP operative and conservative activist, is lobbying Republicans on behalf of the Marijuana Policy Project. He believes that regardless of their position on medical cannabis,

Republicans in the California delegation should support Hinchey-Rohrabacher because state voters approved Proposition 215 - and Republicans should stand up for states' rights and the will of California voters.

Source: Cannabis Policy Project, and Daily Camera (Boulder, CO), June 27, 2006, [www.mapinc.org/drugnews/v06/n883/a07.html](http://www.mapinc.org/drugnews/v06/n883/a07.html)

## Feds Cancel Prison Tattoo-Parlours

In yet another short-sighted move, the federal government plans to cancel the controversial federal prison tattoo-parlour program. Local harm-reduction advocates are concerned the move will jeopardize inmates' safety. What about the risk to the general population when they are released?

Implemented by Corrections Canada in 2004, the program opened six tattoo parlours in federal prisons across the country to the cost of \$700,000 to help curb the transmission of HIV/AIDS and Hepatitis C infection among the prison population. Were there any numbers to justify cancelling the program? Did it help to reduce the risk of transmission?

While harm-reduction critics like Randy White, president of the Drug Prevention Network of Canada, see the cancellation of the "wasteful tattooing program" as a positive, others view the move as a step backwards.

"This tattoo equipment program is equivalent to a clean-needle exchange program to reduce the transmission of blood-borne diseases within the prisons. It's not some luxury benefit," said Jason Gratl, president of the BC Civil Liberties Association. "There is a misguided smallness at work in this policy decision." (No doubt)

Source: Vancouver 24hours, June 29, 2006, [www.mapinc.org/drugnews/v06/n852/a01.html](http://www.mapinc.org/drugnews/v06/n852/a01.html)

## VITCRI TRIAL DATES

The trial involving two individuals and the production of cannabis for VICs members will proceed on September 25 and run until September 29 at the downtown Victoria courthouse.



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#### V.P.W.A.

330-1105 Pandora, 382-7927

#### MS Society

1004 N.Park, 388-6496

#### HepC BC

306-620 View, 595-3892

#### Canadians for Safe Access

<http://www.safeaccess.ca>

#### Disabled Rights Alliance

15-950 Humboldt St.  
Victoria, BC V8V 2Z8  
380-6660

#### John W. Conroy, Q.C.

1-877-852-5110 (toll free)  
<http://www.johnconroy.com>  
BCCCS

Vancouver, 604-875-0448  
<http://thecompassionclub.org>

#### DrugSense

<http://www.drugsense.org>

#### Action Committee of People with Disabilities

383-4105

#### Canadian Cannabis Coalition

[www.cannabiscoalition.ca](http://www.cannabiscoalition.ca)

#### Canada Medical Marijuana

[www.medicalmarijuana.ca](http://www.medicalmarijuana.ca)

#### Media Awareness Project

<http://www.mapinc.org>

#### Drug Policy Alliance

<http://www.drugpolicy.org>

#### Health Canada

[http://www.hc-sc.gc.ca/dhp-mps/marihuana/index\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/marihuana/index_e.html)  
1-866-337-7705

#### Norml Canada

<http://www.normlcanada.org>

#### Cannabis Health

<http://www.cannabishealth.com>

#### Cannabis Research Institute

<http://www.cannabisresearchinstituteinc.com>

**"When the power of love overcomes the love of power... the world will know peace."**

**- Jimi Hendrix, musician**